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A case that Thrombin infusion to inflow of pseudoaneurysm was effective to get hemostasis.

A 80's female with diabetes, hypertension, old cerebral infarction, and Graves' disease was underwent staged PCI to proximal LAD. She had been underwent PCI to distal RCA a month ago. We performed PCI with 6Fr sheath and right femoral approach. At the time of the procedure end, sheath angiography showed that the sheath was inserted from deep femoral artery(DFA). Therefore we didn't use hemostasis device, did manual compression for over 30 minutes. We finished procedure without external bleeding and swelling around puncture site. The next day, laboratory data showed progression of anemia(Hb 10.2 to 7.8mg/dl) in spite of no external bleeding or swelling. CT angiography showed there was a large pseudoaneurysm with stem(48 by 25mm). We performed an emergent EVT for hemostasis. We tried to stop bleeding with low pressure balloon dilatation over 60 minutes, but could not. Then we infused Thrombin diluted 100 U/ml into the pseudoaneurysm with echo guidance and balloon dilatation for blocking Thrombin inflow to DFA. The blood flow into pseudoaneurysm decreased but did not stop, therefore we pictured to "stem" with echo guidance and infused Thrombin. Angiography with manual compression showed to get hemostasis. CT angiography of the next day showed no rebleeding, and she discharged ambulatory.

We experienced a case of pseudoaneurysm that was difficult to get hemostasis. Thrombin infusion to the "stem" as inflow of pseudoaneurysm was effective.